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INSTRUCTIONS: The appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth	or transmitting the ISSU on the Patent, advance of the Patent, advance of the transfer in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new c	CATIC of ma corresp	ON FEE (if requirements on the second of the	red). E ill be and/or	Blocks 1 through 5 sh mailed to the current (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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				_				(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/814,583 TITLE OF INVENTION	04/01/2004 I: PRECAST CONCRET	E SLAB SYSTEM AND	Alfred A. Yee METHOD THEREF	OR			P69488US0	5855
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300		\$0		\$1000	11/07/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS	s				
HARTMANN, GARY S 3671			404-060000					
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	(1) the names of or agents OR, alte (2) the name of a registered attorney	of a single firm (having as a member a orney or agent) and the names of up to patent attorneys or agents. If no name is						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed if recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE ORIGINATIVE) 2 0000080 10814583 KWIK SLAB, LLC HONOLULU, Hawaii 01 FC:2501 700.00 OP 300.00 OP								
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				_				e assignee or other party in
Authorized Signature	1/22.12.1	B Asual	· ·		Date 10	Octo	ober 2006	
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